

**Georgia Department of Banking & Finance**  
**2990 Brandywine Road, Suite 200**  
**Atlanta, GA 30341-5565**  
<http://www.gadbf.org>

Phone: 770-986-1633

Fax: 770-986-1655

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**TO:** Licensed Check Cashers

**FROM:** Non-Depository Financial Institutions Division– MSB Section

**RE:** Employee Forms

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Department Rule 80-3-1-.02(6) outlines certain requirements that licensees must follow in regards to the personnel they employ in their check cashing business. The primary requirements of that Rule are as follows:

1. Every licensee must maintain personnel files for its employees.
2. The licensee should provide each candidate for employment a copy of the above referenced Rule which is attached herein.
3. Each person employed shall complete an authorization for Criminal History Record Information Consent Form that is provided in this document and also located on the Department's website. Prior to employment or not later than 30 days following employment the licensee shall cause a criminal background check to be performed on the person employed. You may take the Criminal History Record Consent Form to any local police department to have them run a background check on your employees.

***The documents noted in Items 1-3 shall be retained in the personnel file until one year after termination of employment by the licensee.***

4. If a criminal background check on an employee returns a felony conviction or indicates that the individual is a multi-source offender, you must complete the Request for Fingerprint Cards form included in this document. Cards will be mailed to the licensee. Submit completed cards along with the Department's Background Check Authorization Form to the Department. Persons found to have been convicted of an offense punishable as a felony involving moral turpitude in this state **may not be employed** by a licensee without compliance with O.C.G.A. §7-1-702. Employment of a felon will result in fines and may result in revocation of your license.

**Please do not submit the attached forms to this office unless the findings of the employee's criminal background check indicate a multi-source offender record or a felony conviction**, in which case you would submit a completed Background Check Authorization Form and the completed fingerprint cards to the Department so that a national background check can be conducted through the FBI.

If you have questions you may contact the Non-Depository Financial Institutions Division at (770) 986-1652 or via e-mail at [dbfcorp@dbf.state.ga.us](mailto:dbfcorp@dbf.state.ga.us).

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*\*A "supervisory position" shall mean any position occupied by a person responsible for the day-to-day job performance of one or more other persons or responsible for the overall management of any check cashing outlet except on a temporary (less than one month) basis and irrespective of the number of subordinates employed.*

CRIMINAL HISTORY RECORD INFORMATION  
CONSENT FORM

I hereby authorize

\_\_\_\_\_  
(individual's or agency/company representative's full name, agency/company name)

to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name Printed

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Sex Race Date of Birth Social Security Number

I understand that by signing this form I am giving the authorized party noted above permission to periodically run additional background checks on me as a condition of my employment with them. No additional consent is required from me as long as I am employed with the company. This authorization ends upon the termination of my employment with the company.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Existing Licensee Name & Number

## BACKGROUND CHECK AUTHORIZATION FORM

**TO WHOM IT MAY CONCERN:**

I hereby authorize the Georgia Department of Banking and Finance to obtain criminal history data on the undersigned in his/her capacity as a director, officer, principal, owner, policymaker, manager or employee of the above licensee/applicant. Also, pursuant to the provisions of Section 7-1-702 of the Official Code of Georgia Annotated, the Department is authorized to secure information from credit reporting agencies, former employers or others regarding character, ethical reputation and financial responsibility. Such information and any conviction data received by the Department shall be used by the Department for the exclusive purpose of carrying out the responsibilities of this article, shall not be a public record, shall be privileged, and shall not be disclosed to another person or agency except to any person or agency which otherwise has a legal right to inspect the file. In order to facilitate this inquiry, I understand that I must provide the information below. The Department will notify me if further information is required. Should the data show that a violation of Section 7-1-702 of the Official Code of Georgia Annotated exists, I understand that the Department may take the appropriate steps regarding the status of the license, as well as action against any person who does not qualify for employment under the law.

This authorization remains effective as long as I am employed in the check cashing industry. A copy of this authorization shall be accepted with the same force and validity as the original.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Full Name**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City, State, Zip Code**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Sex**  
(M or F)

\_\_\_\_\_  
**Race**  
B – Black  
W – White  
I – American Indian or Alaskan Native  
A – Asian or Pacific Islander  
H - Hispanic

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**





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**INSTRUCTIONS FOR COMPLETING FINGERPRINT CARDS**

**TWO COMPLETE SETS OF FINGERPRINTS ARE REQUIRED (2 CARDS)**

**Both cards must be completed & returned to the Department.**

Please provide all information requested. **Type or print in BLACK:**

- Sign the cards
- Provide address of person being fingerprinted.
- Date of fingerprinting.
- Signature/Authorization *of law enforcement personnel* performing fingerprinting.
- Name and address of employer.
- Reason for fingerprint (if not pre-stamped):

**O.C.G.A. 7-1-702**

**Check Casher License**

- Enter name of person being fingerprinted and any **aliases**.
- Enter citizenship information.
- Enter Armed Forces Number and/or **Social Security Number**.
- **ORI** information is preprinted on the card.
- Enter date of birth.
- Fill in blanks for sex, race, height, weight, color of eyes, color of hair, and place of birth.
- Enclose **SEPARATE Money Order or Certified Check** made payable to:

**Georgia Department of Banking and Finance**

**Amount - \$30.00 per set of fingerprints (2 cards in a set-\$15 per card)**

**Determine the following to ensure that cards are acceptable by both GBI and FBI:**

- ▶ **Prints are not too light or too dark;**
- ▶ **Prints are not smudged;**
- ▶ **Each print MUST be INSIDE the blue box for that print and not touch or cross the blue box lines.**

**TO OBTAIN FINGERPRINT CARDS**

Cards are obtained by contacting the Department. Requests can be faxed or e-mailed to the Department.

**Fax request to:** (770) 986-1655

**E-Mail request to:** [nelson@dbf.state.ga.us](mailto:nelson@dbf.state.ga.us)

# GEORGIA DEPARTMENT OF BANKING AND FINANCE



## FINGERPRINT CARD REQUEST FORM

Page \_\_\_\_\_ of \_\_\_\_\_

Name & Address of Licensee/Applicant	
<b>Name of Applicant</b>	
<b>Address</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Phone Number</b>	
<b>Type of License</b>	<input checked="" type="checkbox"/> Check Casher
Names of Individuals Requiring Cards	
<b>Full Name:</b>	
<b>Full Name:</b>	
<b>Full Name:</b>	
<b>Full Name:</b>	
<b>Full Name:</b>	
<b>Full Name:</b>	
Delivery Address for Cards	
<b>Contact Person</b>	
<b>Address 1</b>	
<b>Address 2</b>	
<b>City, State, Zip</b>	
<b>Contact Phone Number</b>	
<b>SIGNATURE</b>	

- If additional space is required to include all individuals, please duplicate this form and note the number of pages being submitted on the top of the form.

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# GEORGIA DEPARTMENT OF BANKING AND FINANCE

## 80-3-1-.02 (6) Check Cashers - Personnel

(6) Personnel: Licensees.

(a) Every licensee shall maintain personnel files for its employees.

(b) Each person in a supervisory position shall complete a Financial and Biographical Information Report (Form 19-6) prescribed by the department, an authorization for Criminal Background Check, and fingerprint record. Prior to employment in or promotion to a supervisory position or not later than thirty days following employment in or promotion to a supervisory position the licensee shall cause an independent credit report and a criminal background check to be performed on the person employed or promoted. The foregoing documents shall be retained in the personnel file until one year after termination of employment by the licensee. A "supervisory position" shall mean any position occupied by a person responsible for the day-to-day job performance of one or more other persons or responsible for the overall management of any check cashing outlet except on a temporary (less than one month) basis and irrespective of the number of subordinates employed.

(c) Persons found to have been convicted of an offense punishable as a felony involving moral turpitude in this state may not be employed by a licensee without compliance with O.C.G.A. §7-1-702.

(d) Persons found after investigation to have materially misstated information on Form 19-6 shall be terminated from employment; provided, however, the licensee may continue employment, subject to review by the department, by placing in the personnel file a complete statement of extenuating circumstances considered valid reasons for continuing employment.

(e) All candidates for employment shall be provided a copy of this subsection by the licensee.

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Employee Signature

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Licensee/Manager Signature

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Date